

**PUTNAM COUNTY EARLY INTERVENTION PROGRAM**  
**SESSION NOTE**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** ☐ Male ☐ Female **Authorization #:** \_\_\_\_\_

**Interventionist's Name:** \_\_\_\_\_ **Serv. Coordinator** \_\_\_\_\_ **Credentials:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_ **Service type:** \_\_\_\_\_

<p>Session Date: ____/____/____ IFSP Service Location: _____</p> <p>Time: From ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM To ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>ICD-10 code: _____ HCPCS (if applicable): _____</p> <p>1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____</p> <p><input type="checkbox"/> Session cancelled-reason listed in #1</p> <p><input type="checkbox"/> This is a make-up session for a missed session on ____/____/____</p> <p><b>Session Participants:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____</p> <p>1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.</p> <p>2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.</p> <p><b>3. Routine Activities worked on during the session:</b> <input type="checkbox"/> Activities of Daily Living (ADL)</p> <p><input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____</p> <p><b>Strategies used within the Routine Activities:</b> <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts</p> <p><input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other(s): _____</p> <p>4. How did you coach the parent/caregiver? <input type="checkbox"/> Observed Parent/Caregiver and child during routines</p> <p><input type="checkbox"/> Parent/Caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to Parent/Caregiver</p> <p><input type="checkbox"/> Other: _____</p> <p><i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i></p> <p>5. What learning activities did the parent/caregiver agree to do with the child before the next visit:</p>	<p>Session Date: ____/____/____ IFSP Service Location: _____</p> <p>Time: From ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM To ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>ICD-10 code: _____ HCPCS (if applicable): _____</p> <p>1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____</p> <p><input type="checkbox"/> Session cancelled-reason listed in #1</p> <p><input type="checkbox"/> This is a make-up session for a missed session on ____/____/____</p> <p><b>Session Participants:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____</p> <p>1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.</p> <p>2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.</p> <p><b>3. Routine Activities worked on during the session:</b> <input type="checkbox"/> Activities of Daily Living (ADL)</p> <p><input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____</p> <p><b>Strategies used within the Routine Activities:</b> <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts</p> <p><input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other(s): _____</p> <p>4. How did you coach the parent/caregiver? <input type="checkbox"/> Observed Parent/Caregiver and child during routines</p> <p><input type="checkbox"/> Parent/Caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to Parent/Caregiver</p> <p><input type="checkbox"/> Other: _____</p> <p><i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i></p> <p>5. What learning activities did the parent/caregiver agree to do with the child before the next visit:</p>
<p>Parent/Caregiver Signature: _____ Date: ____/____/____</p> <p>Relationship to Child: _____</p> <p>Interventionist Signature: _____ Date: ____/____/____</p> <p>License/Certification #: _____</p>	<p>Parent/Caregiver Signature: _____ Date: ____/____/____</p> <p>Relationship to Child: _____</p> <p>Interventionist Signature: _____ Date: ____/____/____</p> <p>License/Certification #: _____</p>